SAMPLE SUBCONSULTANT

Phase I and II Consultant Evaluations

Evaluation Date:	Annua	al or Milestone Evaluation:
Type Evaluation:	Office	o:
Evaluator:	_	
Sub Consultant:		
PTB:	Iter	n:
Route:	Co	unty
Phase: _	District:	
Description:		
Prequalification (Categories:	
Fatal Flaws:		
Did the subn	nittals contain any of the following errors	?
•	nt structural deficiencies.	
	o identify significant environmental impa dard geometrics for the specified design	
	te survey information.	Gilloria.
Did the cons	ultant:	
	nappropriate behavior in dealing with the false information in the report document	
	ne letting date or design approval to be d	
	3 3 11	•
Rated By:	District/Bureau:	Rated Date:
Reviewed By:	Position:	Reviewed Date:
Concur:		Date:

Sub Consultant:	PTB: Item:	_
Timeliness:		
Comments on Strengths/Weaknesses in Timeliness:	Ratings of: □	
	N/A□	
	Excellent□	
Completeness:	Good□	
Comments on Strengths/Weaknesses in Completeness:	Satisfactory	
Comments on Strengths/Weaknesses in Completeness.	Needs Impro	ovemen
	Poor□	
Quality & Accuracy:		
Comments on Strengths/Weaknesses in Quality & Accuracy:		
Cooperation & Project Management:		
Comments on Strengths/Weaknesses in Cooperation and Managem	nent:	
Public/Agency Coordination:		
Comments on Strengths/Weaknesses in Public/Agency Coordinatio	on:	
Innovation:		
Comments on Strengths/Weaknesses in Innovation:		
Project Administration Budget/Supplemental/Invoicing:		_
Comments or Strengths/Weaknesses in Project Administration Bud	lget/Supplemental/Invoid	cing:
Comments on Consultant's Overall Performance:		